

Name  
in  
Full

CERTIFICATE OF DEATH

*Agneta Adams*

Town

County

MARYLAND

Died at

*Levinston*

*St Marys*

Date

*1906*

Month

*Oct*

Day

*12*

Age

*3*

Months

*7*

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*St. Mary's Co*

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

*Benjamin F. Adams Jr*

Father's  
Birthplace

*St Marys Co*

Mother's  
Maiden Name

*Mary E. Adams*

Mother's  
Birthplace

*St " "*

Name of person giving  
In formation

*Mary E. Adams*

How related  
to deceased

*Mother*

CAUSES OF DEATH

Primary

*Laryngitis*

How long

*One week*

Immediate

*Membranous croup*

How long

*2 1/2 hours*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

*H. H. Greenwell*

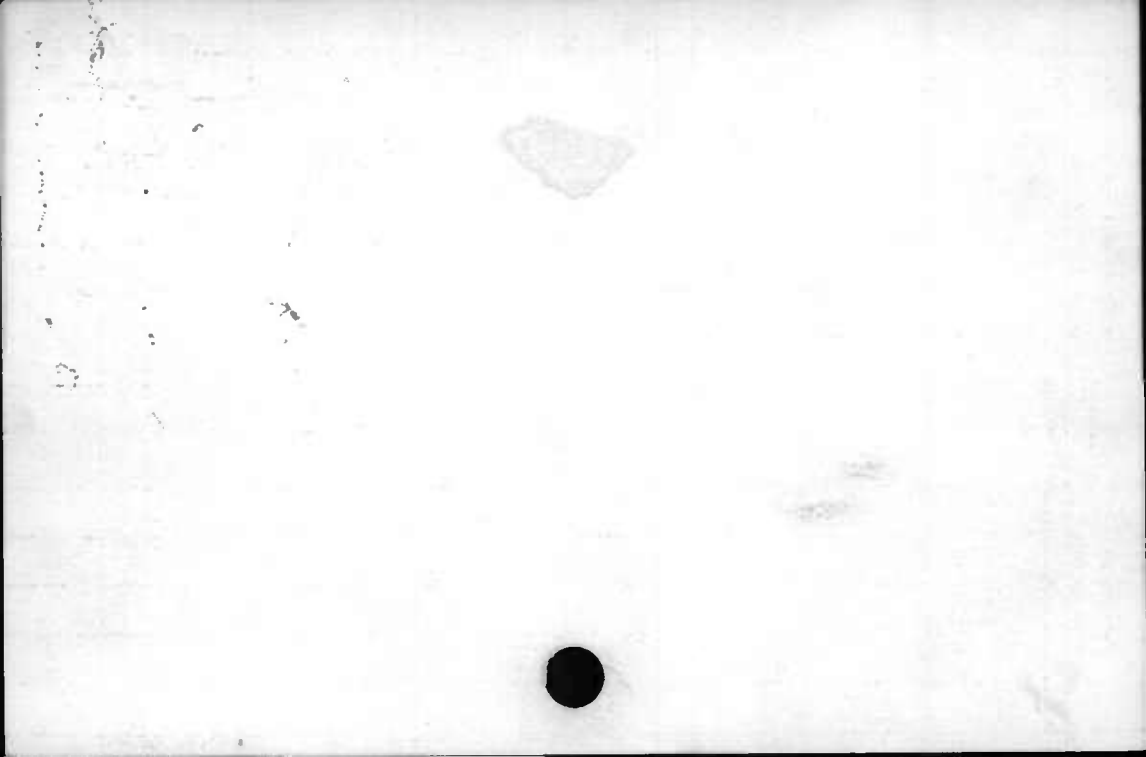
Address

*Leonardtown  
Md*

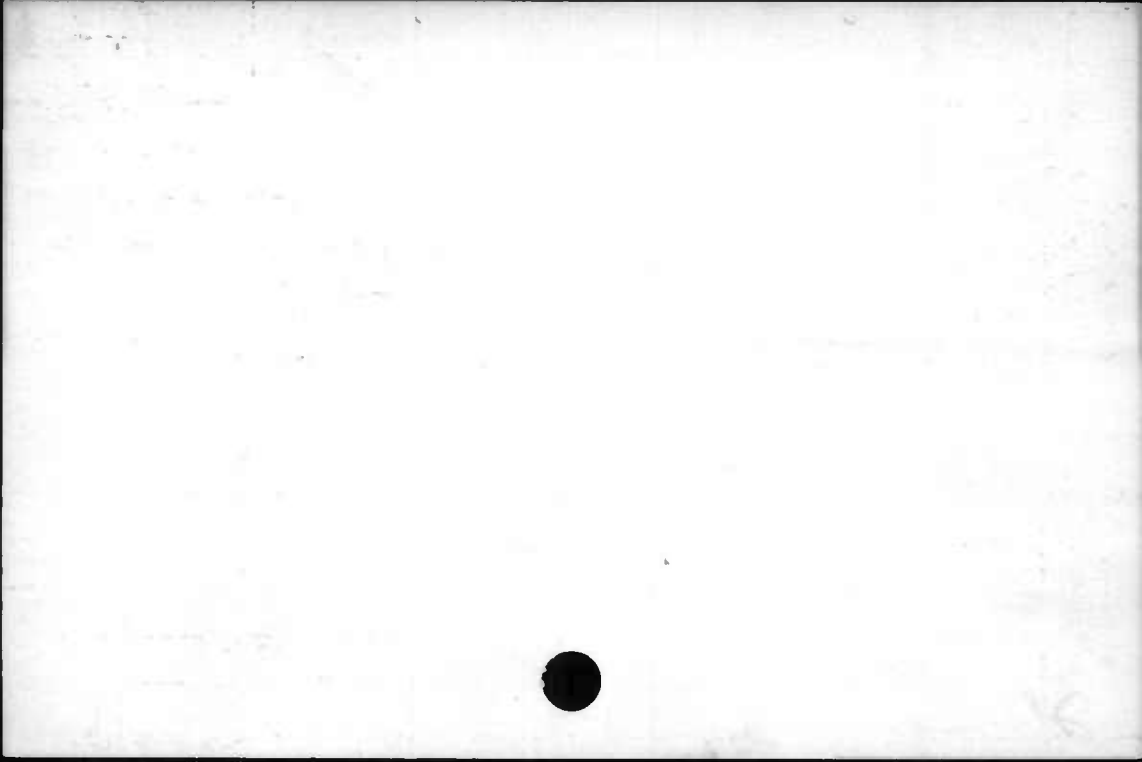
Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full <b>Maggie Biscane</b>		CERTIFICATE OF DEATH	
Died at <b>Valley Lee</b> <sup>Town</sup>		<b>St. Mary's</b> <sup>County</sup>	
Date of death <b>1906</b> <sup>Month</sup> <b>Oct.</b> <sup>Day</sup> <b>28</b>		Age <b>29</b> <sup>Years</sup> <b>—</b> <sup>Months</sup> <b>—</b> <sup>Days</sup>	
Sex <b>Female</b>		Color or Race <b>Colored</b>	
Occupation <b>Housekeeper</b>		Birth-place <b>St. Mary's County,</b>	
Where Residing If not at place of death			
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>William Biscane</b>	
Father's Name <b>David Bennett</b>		Father's Birthplace <b>Maryland</b>	
Mother's Maiden Name <b>Mary Garner</b>		Mother's Birthplace <b>Maryland</b>	
Name of person giving information <b>B. Thompson</b>		How related to deceased <b>Not related</b>	
CAUSES OF DEATH			
Primary <b>Pulmonary Tuberculosis</b>		How long <b>12 months</b>	
Immediate <b>Exhaustion</b>		How long <b>21</b>	
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. Horner Lynch, M.D.</b>	
		Address <b>Valley Lee, St. Mary's County.</b>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Hollywood* <sup>County</sup> *Harris*Date of death 1906 <sup>Month</sup> *Oct* <sup>Day</sup> *2* <sup>Years</sup> *5* <sup>Months</sup> *0* <sup>Days</sup> *0*Sex *Female* Color or Race *White* Birthplace *Harris Co*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Andrew Cunn* Father's Birthplace *Harris Co*Mother's Maiden Name *Mollie Lipton* Mother's Birthplace *Mary Co*Name of person giving information *Andrew Cunn* How related to deceased *Father*

## CAUSES OF DEATH

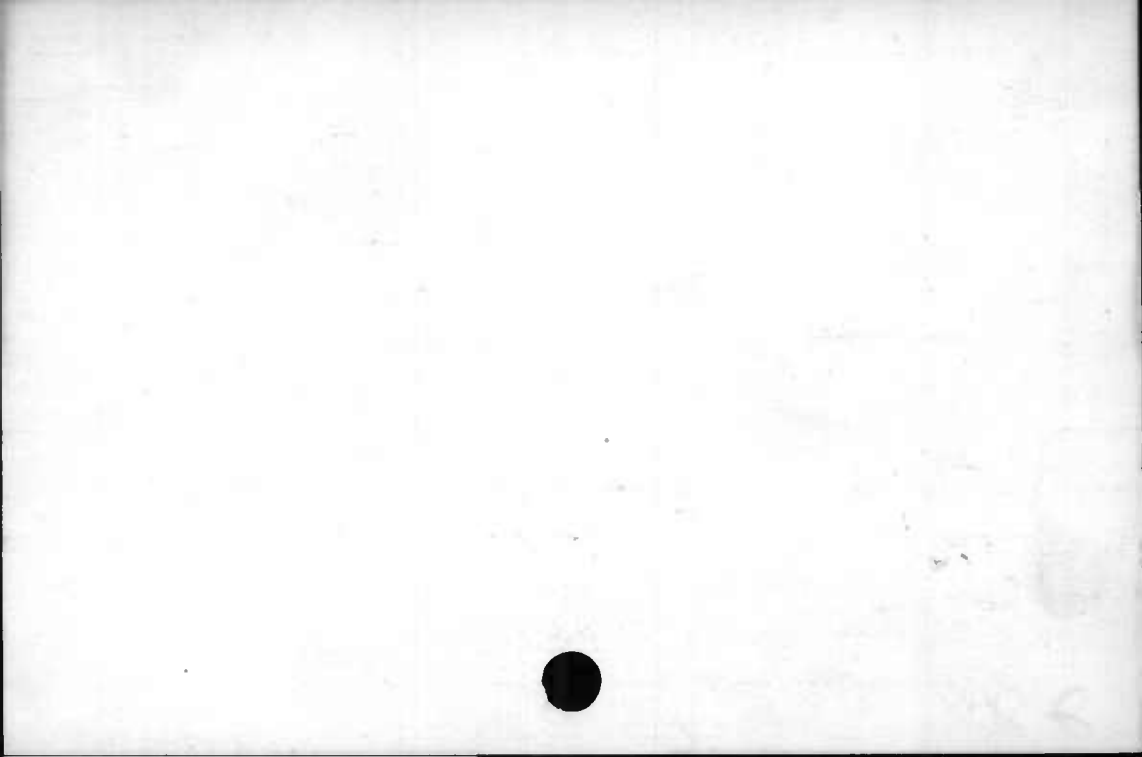
PHYSICIAN  
OR CORONERPrimary *Scarlet Fever* How long *Two weeks*Immediate *Erysipelas* How long *8 days*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

*Thos Lupton*  
*Leonardtown*  
*md*

Accident or Suicide?



Name In Full

Certificate of Death

*Daniel Burneth Greenowick*

Town

County

Died at

*Port Hall*

*St Mary's*

MARYLAND

Date 19

*06*

Month

Day

*Oct 6*

Age

Y.

M.

D.

*2*

Native of

*St Mary's*

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

*Gerard Greenowick*

Mother's

Maiden Name

*May Garney*

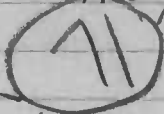
Cause of

Primary

Death

Immediate

*Convulsion*



How long sick

*Two hours*

Accident, Suicide, Homicide

Reported by

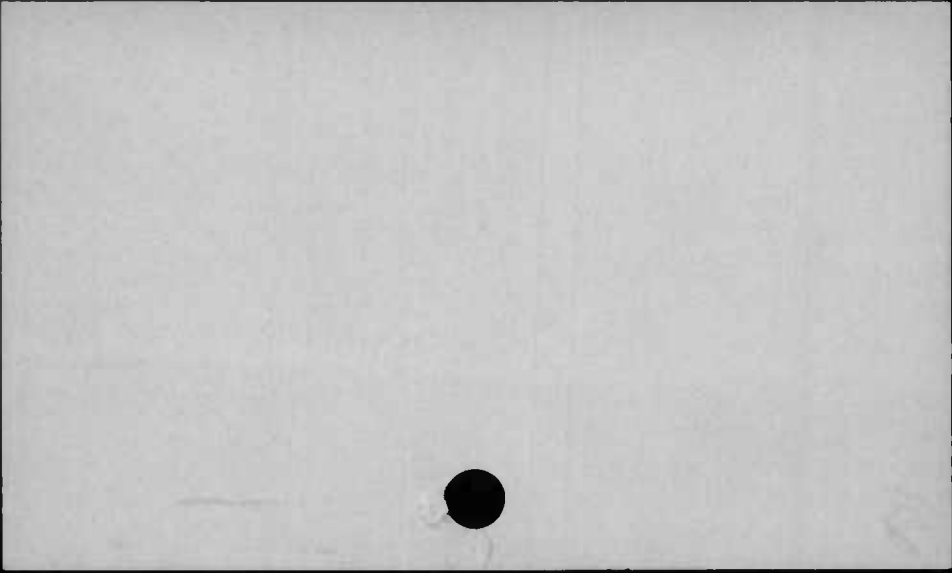
*Dr Henry Richardson*

Address



*Great Houses*

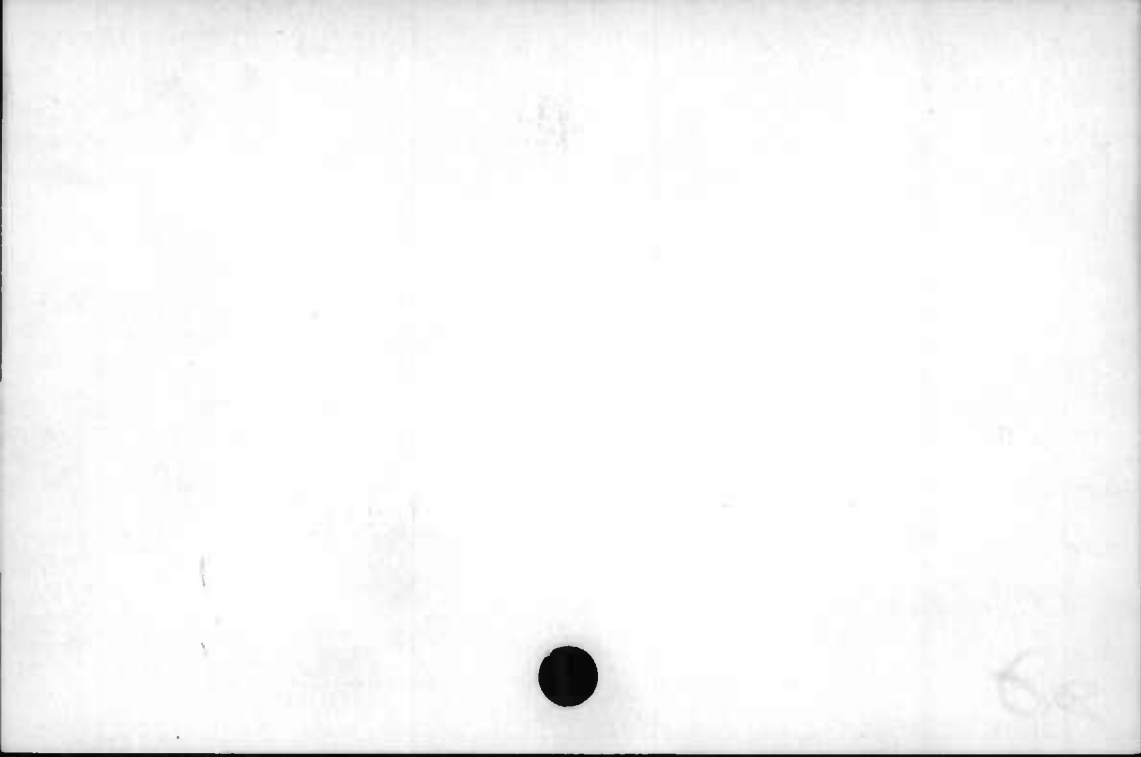
*Ind.*

Must be signed by physician, if any assistance, otherwise by coroner, undertaker or minister.



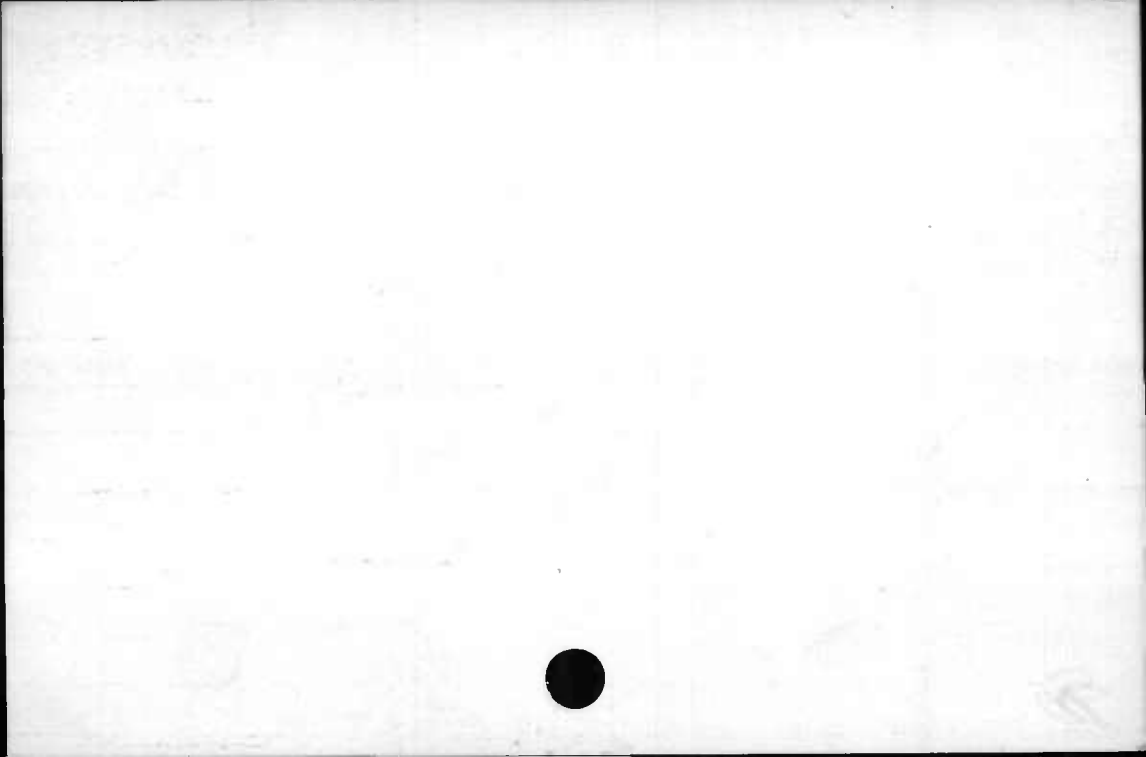


Name in Full		Mary Pauline				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Paulsboro Town		St. Marys County		MARYLAND
	Date of death	1906	Month	Oct.	Day	23	Age
					Months	9	Days
					Years	0	
	Sex	Female		Color or Race	White		Birth-place
							les.
	Married, Single or Widowed				Occupation		
Name of Wife or Husband							
Father's Name		A. Kingsley Mattingly				Father's Birthplace	
						les.	
Mother's Maiden Name		Odie Bird				Mother's Birthplace	
						les.	
Name of person giving information						How related to deceased	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Broncho Pneumonia				How long	4 days
						How long	
	Immediate						
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
				 L. B. Johnson Myran 3			
 Accident or Suicide?							

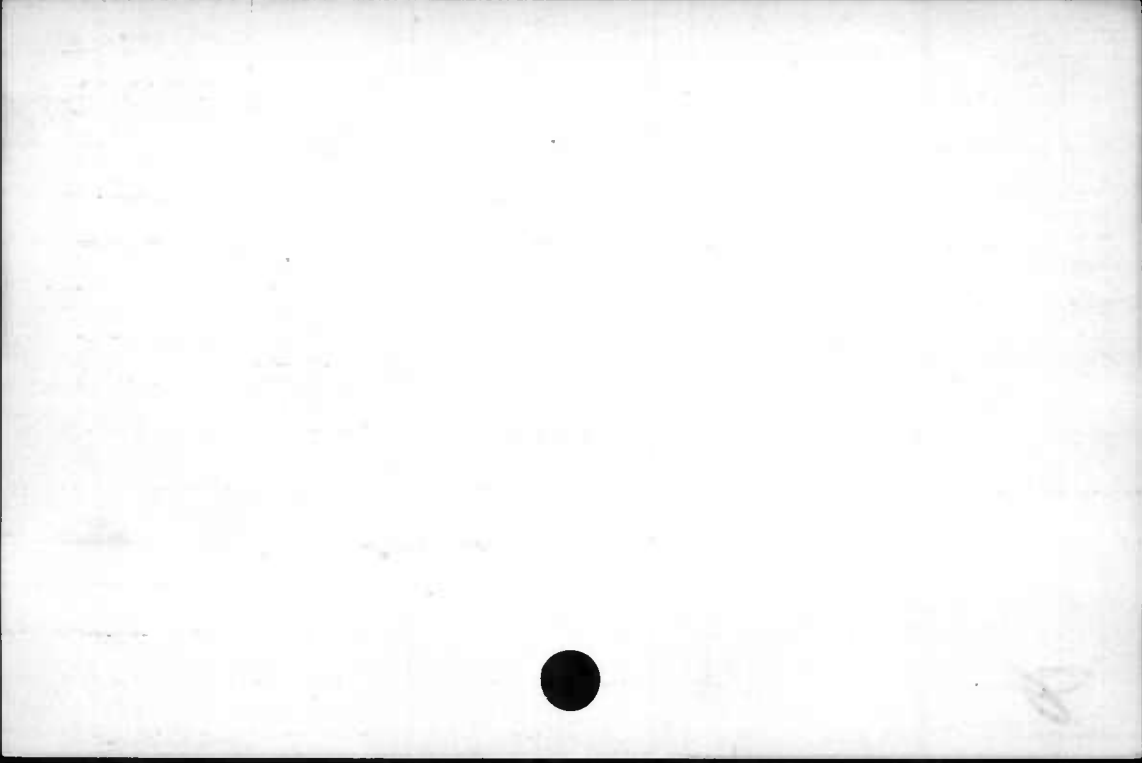


Name in Full <b>Joseph E. Price Jr.</b>		Town <b>St. Georges Island</b>				County <b>St. Mary's</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Months		Days	
		<b>1906 Oct. 27</b>		<b>—</b>		<b>one</b>		<b>21</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>St. Georges Island, Md.</b>					
Occupation <b>none</b>				Where Residing if not at place of death					
Married, Single or Widowed <b>single</b>				Name of Wife or Husband <b>—</b>					
Father's Name <b>Joseph E. Price</b>				Father's Birthplace <b>St. Georges Island, Md.</b>					
Mother's Maiden Name <b>Addie Thomas</b>				Mother's Birthplace <b>St. Georges Island, Md.</b>					
Name of person giving information <b>Joseph E. Price</b>				How related to deceased <b>Father</b>					

CAUSES OF DEATH	
Primary	How long
<b>Capillary Bronchitis</b>	<b>3 days</b>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<b>Yes</b>	<b>D. Horner Jones, M.D.</b>
	Address
	<b>Valley Lee, St. Mary's County.</b>
Accident or Suicide?	



Name in Full		Mr. Maurice H. Vaughan				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Piney Point	County St. Marys		MARYLAND	
	Date of death		1906	Month Oct.	Day 24	Age 72	Months —
	Sex		Male		Color or Race	White	
	Occupation		Clergyman		Where Residing If not at place of death	Piney Point, Maryland	
	Married, Single or Widowed		Married		Name of Wife or Husband	Sallie Hamme	
	Father's Name		Thomas Vaughan		Father's Birthplace	Punero, Ireland	
	Mother's Maiden Name		Claudia H. Ellyard		Mother's Birthplace	Bfreh, Va.	
Name of person giving information		Sarah Vaughan		How related to deceased	Daughter		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Diabetes Mellitus		How long	6 months	
	Immediate		diabetic Coma		How long	48 hours	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	T. Horner Lynch, M.D.	
					Address	Piney Lee, St. Marys Cond.	
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Leonardtown</i>		Town <i>Washington</i>		County <i>Marys</i>		MARYLAND	
Date of death <i>1904</i>	Month <i>Oct</i>	Day <i>6</i>	Age <i>11</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birthplace <i>Marys</i>				
Occupation _____			Where Residing if not at place of death _____				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband _____					
Father's Name <i>John Washington</i>			Father's Birthplace <i>Marys</i>				
Mother's Maiden Name <i>Mary Agnes Butler</i>			Mother's Birthplace <i>Marys</i>				
Name of person giving information <i>John Washington</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Remittent Fever</i>	How long <i>3 weeks</i>
Immediate <i>Hemorrhage of brain</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. Sprule</i>
	Address <i>Leonardtown</i>
Accident or Suicide?	<i>no</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shirley Springs</i>			County <i>St. Mary's</i>			MARYLAND	
Date of death 1906	Month <i>10</i>	Day <i>3</i>	Age	Years <i>95</i>	Months	Days	
Sex <i>male</i>		Color or Race <i>colored</i>		Birth-place <i>md</i>			
Married, Single or Widowed				Occupation <i>none</i>			
Name of Wife or Husband							
Fether's Name <i>Jacob Wardland</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Sarah Curtis</i>				Mother's Birthplace <i>md</i>			
Name of person giving information <i>Julia Curtis</i>				How related to deceased <i>sister</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>sudden</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. V. Palmer</i>
	Address <i>Palmer</i>
Accident or Suicide?	<i>md</i>

